

Foster Family Home - Corrective Action Report

Provider ID: 1-210044

Home Name: Grace Juan, CNA

91-885 Ma Ke Kula Street

Ewa Beach

HI

96706

Review ID: 1-210044-1

Reviewer: David Ayling

Begin Date: 6/17/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 7/1/21.

Foster Family Home

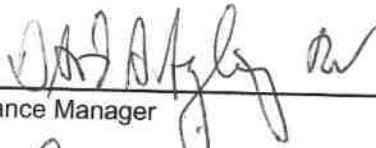
Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #2.


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: DAVID AYLING, RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Grace D. Juan
(PLEASE PRINT)

CCFFH Address: 91-885 Ma Ke Kula St. Ewa Beach HI 96106
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
41(b)(1)	I received a current TB clearance from CG#2. I put the paperwork in my CCFFH binder.	6/25/2021	I will make sure all new CG's have all required paperwork at the time I hire them.

☒ All items that were fixed are attached to this CAP

PCG's Signature: David Apling

Date: 6/25/2021

☒ CTA has reviewed all corrected items